

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029476

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. 5961 Registrar's No. 40

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harley</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>5 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Platte River</u>		d. STREET ADDRESS (If outside give location) <u>7108 E 52 ST</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>W</u> Last <u>DIRCK</u>		4. DATE OF DEATH Month <u>July</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 16 1925</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		11. BIRTHPLACE (City and state or country) <u>Missouri City Mo.</u>	
13a. FATHER'S NAME <u>Wm Dirck</u>		14. NAME OF HUSBAND OR WIFE <u>Billie Dirck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes WW2</u>		16. SOCIAL SECURITY NO. <u>196 Billie Dirck A.C. Mo.</u>	
17. INFORMANT <u>Billie Dirck</u>		Address <u>A.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DROWNING</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <u>BOAT OVERTURNED</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <u>ACCIDENT</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3 A.</u> Month, Day, Year <u>July 4, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RIVER</u>		20f. CITY, TOWN, OR LOCATION <u>PETTIS TWP. PLATTE MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at <u>APPROX. 3 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Voland M. Gifford, Coroner</u>		22b. ADDRESS <u>Platte City, Mo.</u>	
22c. DATE SIGNED <u>7-4-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-4-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mo. City, Mo. Missouri City, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Mo. Missouri City, Mo.</u>
24. FUNERAL DIRECTOR <u>Church-Cramer Co. Liberty Mo.</u>		DATE RECD. BY LOCAL REG. <u>July 4, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Upham Rollins</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Boat Coroner

VS 300
Rev. 4/591 08302 60083 24 05 1

6

7 08 29850X10 4211 08312 91-313 1-0

JUL 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John Sanborn

Licensed Embalmer No. 4448

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.